examination made after delivery showed a transverse rupture of the uterus at the juncture of the lower uterine segment with the upper contractile portion. The abdomen was immediately opened, and a quantity of blood partially coagulated was sponged out. The laceration had been an extensive one, extending to the posterior fornix of the vagina. The uterus was closed by suture, the peritoneal surfaces being carefully brought together, and a large strip of iodoform gauze was carried through the lower angle of the uterine wound and into the vagina. The muscular, cutaneous, and peritoneal surfaces were sutured separately. The operation consumed an hour and a quarter. The gauze was entirely removed on the sixth day, and the patient made an uninterrupted recovery.

Ectopic Abdominal Gestation; Cœliotomy; Delivery of a Living Fœtus.

An interesting case of this sort is added to the records already existing by Werder (*Medical Record*, 1894, No. 21, vol. xlvi.). On opening the abdomen a yellowish-white cystic tumor was exposed; on opening the cyst, the child at once presented, and was rapidly delivered by the feet. The cyst was adherent to numerous loops of intestine, and terminated between the folds of the broad ligaments near the uterus. An attempt to extirpate the cyst resulted in severe hemorrhage from a partial separation of the placenta, which was spread out over the spinal column and the right posterior wall of the pelvis. The ovarian artery and branches of the uterine artery were caught by clamps, after which it was comparatively easy to remove the placenta without hemorrhage. The free portion of the cyst was excised, the ovarian and uterine arteries tied, and the remainder of the sac was drawn together by silk sutures; the cavity of the cyst was packed with iodoform gauze, and the abdominal wound closed to the gauze. The child was resuscitated, but died on the third day after birth, with rapid breathing and fever. No autopsy was obtained. The mother made a good recovery. Werder has collected and tabulated seventeen cases, including his own.

Traumatic Hæmatothorax in a Newborn Infant.

In the *Zeitschrift für Geburtshülfe*, 1894, Band xxx., Heft 2, Gebhard reports a case of a child born in breech presentation, the mother's pelvis being slightly larger than the average. During the birth the fœtal heart-sounds became slow, and the physician in attendance rapidly extracted the child, the extraction occupying three minutes. The child was a male and well developed; it was born asphyxiated, and resuscitated, Schultze's method being employed among others for this purpose. Three hours after birth the child died. Post-mortem examination revealed fluid blood in the right pleural cavity, with compression of the right lung, and further examination showed that during the extraction the chest of the child had been brought with such force against the mother's sacrum as to cause the partial laceration of the pleura and the hemorrhage in question. This injury was further increased

by the resuscitation by Schultze's method, the pressure of the hands of the operator while swinging the child increasing the injury already done.

Chlorosis and Eclampsia.

An interesting observation, throwing light upon the causation of eclampsia, is made by Sécheyron (*Archives de Tocologie*, 1894, No. 11). The case was that of a young woman, aged twenty-one years, who suffered from chlorosis before her marriage. When pregnancy occurred there resulted a progressive failure of digestion and assimilation, with obstinate constipation, headache, and finally eclampsia. She was delivered of a dead child at eight months. Although efforts had been made to move the bowels during pregnancy, they had been unsuccessful, owing largely to the patient's refusal to submit to treatment. After delivery the patient was treated by enteroclysis, with the result of removing a mass of exceedingly fetid matter from the bowel. A solution of naphthol, 1 to 2000, was employed as an intestinal antiseptic.

Appendicitis During Pregnancy.

Mundé describes, in the *Medical Record*, 1894, vol. xlvi., No. 22, a case of pregnancy complicated by appendicitis. The diagnosis was difficult by reason of the absence of localized pain, the pain from which the patient suffered being referred to the lower portion of the abdomen, and not to the region of the appendix. Labor resulted in the birth of a dead child, which had been dead about twenty-four hours. The placenta was readily delivered, and there was no post-partum hemorrhage, but the patient went into a semi-delirious condition, and appeared much prostrated. She had suffered from fever, with rapid pulse before and during her labor. Following labor, the abdominal tenderness, which had been very great and diffuse, subsided sufficiently to reveal decided dulness in the right iliac region. *Per vaginam* no exudate could be found in the pelvis. Appendicitis was diagnosticated, and after waiting for the abscess to become encapsulated, it was opened and drained; the mother made a good recovery.

The Influence of Prolonged Labor on Puerperal Temperature.

In the *Transactions of the London Obstetrical Society*, 1894, p. 238, Giles describes his researches in 600 cases of labor with a view to determine the effect upon the temperature of the duration and character of the labor. He finds that in normal cases labor produces but a very slight rise of temperature, the length of the first stage of labor affecting the temperature of the patient but very little. If the second stage is prolonged, however, the temperature rises in proportion to the length of this stage. The time of day at which delivery takes place has very little influence on the patient's temperature. The administration of chloroform during the second stage commonly results in a low temperature after delivery, and the same is true of the use of forceps under chloroform. It is interesting to observe that in twelve cases of normal labor in which the second stage averaged but thirty-five minutes, the giving of an intra-uterine douche raised the temperature to 99.4° F.